



**SYRINGE EXCHANGE LOG FORM**  
NORTH DAKOTA DEPARTMENT OF HEALTH  
DIVISION OF DISEASE CONTROL  
SFN xxxxx (7-2017)

This form is optional and not required. Please do not include any personally identifying information on this form.

**Agency Information**

|                         |                         |      |
|-------------------------|-------------------------|------|
| Agency Name             | Telephone Number        | Date |
| SEP Name (if different) | Days/Hours of Operation |      |
| Physical Address        | City                    | Zip  |
| Staff/Outreach Workers  |                         |      |

**Syringe Exchange Log**

|    | Participant Card Code | First Enrollment | Approximate # of Syringes Collected | # of Syringes Distributed | Referral Codes | Service Codes | Supply Codes | Notes (No PHI) |
|----|-----------------------|------------------|-------------------------------------|---------------------------|----------------|---------------|--------------|----------------|
| 1  |                       |                  |                                     |                           |                |               |              |                |
| 2  |                       |                  |                                     |                           |                |               |              |                |
| 3  |                       |                  |                                     |                           |                |               |              |                |
| 4  |                       |                  |                                     |                           |                |               |              |                |
| 5  |                       |                  |                                     |                           |                |               |              |                |
| 6  |                       |                  |                                     |                           |                |               |              |                |
| 7  |                       |                  |                                     |                           |                |               |              |                |
| 8  |                       |                  |                                     |                           |                |               |              |                |
| 9  |                       |                  |                                     |                           |                |               |              |                |
| 10 |                       |                  |                                     |                           |                |               |              |                |

**Event Totals (Include totals from page 2)**

|  |  |
|--|--|
| Number of Participants with Card Code              | Number of Participants Without Card Codes            |
| Approximate Number of Syringes Collected           | Number of Syringes Distributed                       |
| Number of Individuals Referred to Testing Services | Number of Individuals Receiving Testing Services     |
| Number of Individuals Who Received Education       | Number of Doses of Naloxone Distributed              |
| Number of Condoms Distributed                      | Number of Individuals Referred to Treatment Services |

**Code List (Referrals, Services & Supplies)**

|  |  |   |
|--|--|---|
| 0 - No Referrals Given<br>1 - Substance Abuse and Treatment Services<br>2 - HIV/HCV/STD Testing<br>3 - Opiate Antagonist (Naloxone)<br>4 - Healthcare Services<br>5 - Social Services/Behavioral Health<br>6 - HIV/HCV Education | 7 - STD Education<br>8 - Other Education (i.e. Safe injection)<br>9 - Legal Services<br>10 - Job/Employment Services<br>11 - Housing<br>12 - Other | 13 - HIV/HCV/STD Materials<br>14 - Condoms<br>15 - Other Injection Supplies<br>16 - Opiate Antagonist (Naloxone) Kits<br>17 - Sharps Containers<br>18 - Other |
|--|--|---|

**Syringe Exchange Log cont.**

|    | Participant Card Code |  |  |  |  |  |  |  | First Enrollment | Approximate # of Syringes Collected | # of Syringes Distributed | Referral Codes | Service Codes | Supply Codes | Notes (No PHI) |
|----|-----------------------|--|--|--|--|--|--|--|------------------|-------------------------------------|---------------------------|----------------|---------------|--------------|----------------|
| 11 |                       |  |  |  |  |  |  |  |                  |                                     |                           |                |               |              |                |
| 12 |                       |  |  |  |  |  |  |  |                  |                                     |                           |                |               |              |                |
| 13 |                       |  |  |  |  |  |  |  |                  |                                     |                           |                |               |              |                |
| 14 |                       |  |  |  |  |  |  |  |                  |                                     |                           |                |               |              |                |
| 15 |                       |  |  |  |  |  |  |  |                  |                                     |                           |                |               |              |                |
| 16 |                       |  |  |  |  |  |  |  |                  |                                     |                           |                |               |              |                |
| 17 |                       |  |  |  |  |  |  |  |                  |                                     |                           |                |               |              |                |
| 18 |                       |  |  |  |  |  |  |  |                  |                                     |                           |                |               |              |                |
| 19 |                       |  |  |  |  |  |  |  |                  |                                     |                           |                |               |              |                |
| 20 |                       |  |  |  |  |  |  |  |                  |                                     |                           |                |               |              |                |
| 21 |                       |  |  |  |  |  |  |  |                  |                                     |                           |                |               |              |                |
| 22 |                       |  |  |  |  |  |  |  |                  |                                     |                           |                |               |              |                |
| 23 |                       |  |  |  |  |  |  |  |                  |                                     |                           |                |               |              |                |
| 24 |                       |  |  |  |  |  |  |  |                  |                                     |                           |                |               |              |                |
| 25 |                       |  |  |  |  |  |  |  |                  |                                     |                           |                |               |              |                |
| 26 |                       |  |  |  |  |  |  |  |                  |                                     |                           |                |               |              |                |
| 27 |                       |  |  |  |  |  |  |  |                  |                                     |                           |                |               |              |                |
| 28 |                       |  |  |  |  |  |  |  |                  |                                     |                           |                |               |              |                |
| 29 |                       |  |  |  |  |  |  |  |                  |                                     |                           |                |               |              |                |
| 30 |                       |  |  |  |  |  |  |  |                  |                                     |                           |                |               |              |                |
| 31 |                       |  |  |  |  |  |  |  |                  |                                     |                           |                |               |              |                |
| 32 |                       |  |  |  |  |  |  |  |                  |                                     |                           |                |               |              |                |
| 33 |                       |  |  |  |  |  |  |  |                  |                                     |                           |                |               |              |                |
| 34 |                       |  |  |  |  |  |  |  |                  |                                     |                           |                |               |              |                |
| 35 |                       |  |  |  |  |  |  |  |                  |                                     |                           |                |               |              |                |

**Referral & Supply Codes**

|  |   |  |
|--|---|--|
| 0 - No Referrals Given                     | 7 - STD Education                         | 13 - HIV/HCV/STD Materials             |
| 1 - Substance Abuse and Treatment Services | 8 - Other Education (i.e. Safe injection) | 14 - Condoms                           |
| 2 - HIV/HCV/STD Testing                    | 9 - Legal Services                        | 15 - Other Injection Supplies          |
| 3 - Opiate Antagonist (Naloxone)           | 10 - Job/Employment Services              | 16 - Opiate Antagonist (Naloxone) Kits |
| 4 - Healthcare Services                    | 11 - Housing                              | 17 - Sharps Containers                 |
| 5 - Social Services/Behavioral Health      | 12 - Other                                | 18 - Other                             |
| 6 - HIV/HCV Education                      |   |  |